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To: Examiner: Joshua D. Campbell
Group Art Unit: 2178
Confirmation No.: 6597
(703) 872-9306

From: John S. Sensny, Esq.

Fax: **Pages** 19, including fax cover sheet

Phone: **Date:** July 20, 2004

Re: Re: James R. Wason
U.S. Patent Appln. No. 09/616,809
Filing Date: July 14, 2000
Our Docket: END920000080US1 (13679)

CC:

**REQUEST FOR CONTINUED EXAMINATION (RCE) AND
AMENDMENT UNDER 37 C.F.R. §1.116**

Transmitted herewith are the following:

1. Request for Continued Examination Transmittal (RCE) (in duplicate);
2. Amendment Transmittal Letter (in duplicate);
3. Amendment under 37 C.F.R. §1.116;
4. Authorization to charge IBM Deposit Account No. 09-0457/IBM in the amount of \$770.00 for the RCE Fee; and
5. Certificate of Transmission by Facsimile, dated July 20, 2004 (in duplicate).

For:

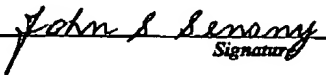
Applicant: James R. Wason
U.S. Patent Appln. No. 09/616,809
Filing Date: July 14, 2000
Our Docket: END920000080US1 (13679)
Title: "TEXT FILE INTERFACE SUPPORT IN AN OBJECT ORIENTED APPLICATION"

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|--|------------------------------|--------------------------------|---------------------------------------|--|
| CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): James Richard Wason | | | Docket No. END920000080US1 (13679) | |
| Application No. 09/616,809 | Filing Date July 14, 2000 | Examiner Joshua D. Campbell | Group Art Unit 2178 | |
| Invention: TEXT FILE INTERFACE SUPPORT IN AN OBJECT ORIENTED APPLICATION | | | | |
| CONFIRMATION NO.: 6597 | | | | |
| <p>I hereby certify that this <u>Request for Continued Examination and Amendment Under 37 C.F.R. §1.116</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(703) 872-9306</u>) on <u>July 20, 2004</u> (Date)</p> <p style="text-align: right;"><u>John S. Sensny</u> (Typed or Printed Name of Person Signing Certificate) <u>John S. Sensny</u> (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p> | | | | |

P18/REV02

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|--|-------------------------------------|--------------------------------|--|--|--------------------------|
| AMENDMENT TRANSMITTAL LETTER (Large Entity) | | | | Docket No. END920000080US1 (13679) | |
| Applicant(s): James R. Wason | | | | | |
| Application No. 09/616,809 | Filing Date July 14, 2000 | Examiner Joshua D. Campbell | Customer No. 23389 | Group Art Unit 2178 | Confirmation No. 6597 |
| Invention: TEXT FILE INTERFACE SUPPORT IN AN OBJECT ORIENTED APPLICATION | | | | | |
| <u>COMMISSIONER FOR PATENTS:</u> | | | | RECEIVED CENTRAL FAX CENTER JUL 20 2004 | |
| Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 13 - | 20 = | 0 x | \$18.00 | \$0.00 |
| INDEP. CLAIMS | 3 - | 3 = | 0 x | \$86.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 |
| <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0457/IBM <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. | | | | | |
|  Signature | | | Dated: July 20, 2004 | | |
| John S. Sensny Registration No. 19,827 Scully, Scott, Murphy & Presser 400 Garden City Plaza Garden City, New York 11530 (516) 742-4343 | | | <div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22304-1450.</p><p>_____ Signature of Person Mailing Correspondence</p><p>_____ Typed or Printed Name of Person Mailing Correspondence</p></div> | | |
| cc: JSS:jy | | | | | |

P11LARGE/REV07